

Iowa Department of Human Services

Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

4/13/2015

Lori Franck 1316 Harold Dr SE Cedar Rapids IA 52403

Dear Lori,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 4/10/15. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

Issues are: the blind cords need to be cut off, shortened, and not tied together to prevent choke hazards

110.5(2) A provider file is maintained and contains:	
110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of	
the household who may be present when children are in the home. Statements must be obtained at the time of	
initial registration and updated every three years. Need now every 3 years and on the new form which I left a copy	
for your use. You need one for your household member, Jeff, and on the new form.	

110.5(4) The certificate of registration is displayed in a conspicuous place.: Need to post your certificate and in a conspicuous place. You had 2 old certificates posted. You need your current one posted. You stated you took it down to work on your renewal. That should not be necessary; you should not need your old certificate for your renewal. Please post and leave it posted.

110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains: The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you

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double check for a current physical form and redo or re-sign the emergency medical and in	immunizations (if there were any updates) and have the parents take information.
110.5(8)c A signed medical consent from the need the emergency authorization side signed	parent authorizing emergency treatment. Need for: LD and LS by the parent.
including past health history, status of present h	dmission physical examination, on the first day of attendance, nealth, allergies and restrictive conditions, and recommendations fo e exam is not more than 12 months before the child's first day of
development home. It must include times of ar child. You need written permission every time each time. I suggest you use a general permiss	t(s) for their child to attend activities away from the child rival and departure, destination, and person(s) responsible for the you leave the premises. The underlined items must be addressed ion request and include trips as noted on the monthly calendar. Indeed that month. Then have each parent sign off on your re the activities are completed.
revocation of your Child Development Home Registr	ry requirements listed above may lead to the cancellation or ration. Please take whatever steps are necessary to completely essential you correct all above-mentioned violations within the next
45 days.	
However, it is essential you provide documentation identified regulatory violations and are now in compelease check mark each of the boxes listed above violations.	ve, a recheck or follow up visit to your home is not necessary. to the Department that certifies you have corrected each of the plete compliance with all Departmental regulatory mandates. When the necessary corrections have been completed. By doing so dated regulatory requirements contained within each identified
I certify that I have taken all of the steps necessary now in complete compliance with all of the Depart	to correct each of the identified violations noted above and ammental mandated regulatory rules.
Please sign and date below, and return this form in	the provided envelope by: 45 days of receipt.
X	
Signature	Date
Please do not hesitate to contact me at DHS at 319-	892-6826 if you have any questions regarding this letter.
Sincerely,	

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Lisa Wesbrook Social Worker II Irene Holzwarth Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC Professional Development.pdf and you can sign up for training at http://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).